



Department of Veterans Affairs

(FOR USE BY VA INDEX)

**APPLICATION FOR REINSTATEMENT**

(INSURANCE LAPSED MORE THAN 6 MONTHS)

GOVERNMENT LIFE INSURANCE AND/OR TOTAL DISABILITY INCOME PROVISION

**PRIVACY ACT INFORMATION:** No insurance may be reinstated unless a completed application form has been received (38 CFR 8.24 and 6.80). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U. S. Government Life Insurance Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 30 Minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (732), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0011), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

**INSTRUCTIONS**

Use this form for reinstatement of your Government Life Insurance and or the Total Disability Income Provision when application is made more than 6 months after the date of lapse regardless of age.

Amount of payment needed for reinstatement:

**TERM POLICIES** - Two premiums: One for the premium month of lapse and one for the premium month in which the application is sent to the Department of Veterans Affairs.

**LIFE AND ENDOWMENT POLICIES** - All unpaid premiums with interest on the amount of insurance to be reinstated. Please call our toll free number (1-800-669-8477) for instructions to calculate the amount of payment, (premium and interest), needed to reinstate your policy(ies).

When completed and signed by you, send this application with payment needed **IMMEDIATELY** to the office of the Department of Veterans Affairs where your insurance records are maintained. The insurance centers are:

Department of Veterans Affairs  
Regional Office and Insurance Center (REIN)  
P. O. Box 8079  
Philadelphia, PA 19101

Department of Veterans Affairs  
Regional Office and Insurance Center  
Federal Building, Fort Snelling  
St. Paul, MN 55111

**SECTION I - APPLICANT'S INFORMATION**

1A. FIRST-MIDDLE-LAST NAME OF INSURED			1B. INSURANCE FILE NUMBER <i>(Include letter prefix)</i>	
2. MAILING ADDRESS FOR INSURANCE PURPOSES <i>(Number and street or rural route, city or P. O., State and ZIP Code)</i>				
3. SOCIAL SECURITY NUMBER		4. VA CLAIM NUMBER <i>(If any)</i>		5. DAYTIME TELEPHONE NUMBER
6. POLICY NUMBER(S) TO BE REINSTATED				
7A. AMOUNT OF INSURANCE TO BE REINSTATED \$	7B. PLAN OF INSURANCE	7C. DATE OF LAPSE	7D. MONTHLY PREMIUM \$	7E. AMOUNT SENT WITH THIS APPLICATION <i>(Ins)</i> \$
7F. AMOUNT OF TOTAL DISABILITY INCOME PROVISION TO BE REINSTATED \$	7G. DATE OF LAPSE	7H. MONTHLY PREMIUM \$		7I. AMOUNT SENT WITH THIS APPLICATION <i>(TDIP)</i> \$
8. TOTAL AMOUNT SENT ▶				\$

**I UNDERSTAND THAT:**

1. The amount of payment needed must be sent before or with this application. Checks and money orders should be made payable to the Department of Veterans Affairs.
2. The Department of Veterans Affairs will, if necessary, ask for a physical examination report in connection with this application.